## South Bend Police MSOS Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-16-13	Address:	1600 E. Calvert E. Alley
Incident#:	13-0923NB		South Bend, IN
County:	St. Joe		
Type of Laboratory Scizure (check one) Scizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		Residence Outhuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other;
(check all that	: Location (bedroom, kitchen, open air, o apply) r Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Genetator(s): In alley behind 1630 E.Calvert			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
⊠j Corrosive Acid: <u>In alley</u>			
Corrosive Base;			
Other (item and location):			
Vehicle Infor	mation:		
Owner: VIN; Year;		Make; Model;	
Child under	age 18 discovered (check appropriate)		
☐ Yes	_ (number present)		ions of home: 🗌 clean 🔲 disarray
⊠ No □ C <b>hildt</b> en n	ot present but evidence they reside	unclean Estimated len	gth of time manufacturing had been
or visit often		occurring:	
		Additional In	formation:
This report h	as been faxed* or emailed to the fol	llowing agencies tha	t serve the location:
Fire Department City, Township or County <u>SBFD</u> Fax: <u>574-235-9305</u> Health Department County: <u>St. Joe Co.</u> Fax: <u>574-235-9497</u> Department of Child Services Hotline: <u>deshotlinereports@des.in.gov</u> Fax: 317-234-7595 or 317-234-7596			
	rmation regarding this methamphetan fficer: <u>Sgt. Michael S. Suth</u> Phone	nine laboratory, coma c <u>574-235-9406</u>	ct
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of			

scene processing.